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CENTRAL FAX CENTER NO. 091 P. 1

OCT 27 2006

PTO/SB/07 (08-03)

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Certificate of Transmission -- Docket PI1330USNA = (1 page)

Request for Continued Examination (RCE) = (1 page)

Fee Sheet = (original + copy)

Amendment - Request for Continued Examination = 6 pages)

Total Pages = (10 copies)

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OCT. 27. 2006 2:25PM INVISTA

NO. 091 P. 3

PTO/SB/17 (07-06)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).

FEE TRANSMITTAL For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
790.00

Complete if Known

Application Number	10/695,015	RECEIVED
Filing Date	October 28, 2003	CENTRAL FAX CENTER
First Named Inventor	Thomas Foo et al.	OCT 27 2006
Examiner Name	Ebenezer O. Sackey	
Art Unit	1626	
Attorney Docket No.	PI1330USNA	

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 50-3223 Deposit Account Name: Invista N.A. S.a.r.l.

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims

Extra Claims Fee (\$) Fee Paid (\$)
- 20 or HP = _____ x _____ = _____

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Continued Examination (RCE)

Fees Paid (\$)

790.00

SUBMITTED BY

Signature	Anne I. Brekke	Registration No. (Attorney/Agent) 55,023	Telephone (302) 683-3290
Name (Print/Type)	Anne I. Brekke		Date October 27, 2006

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